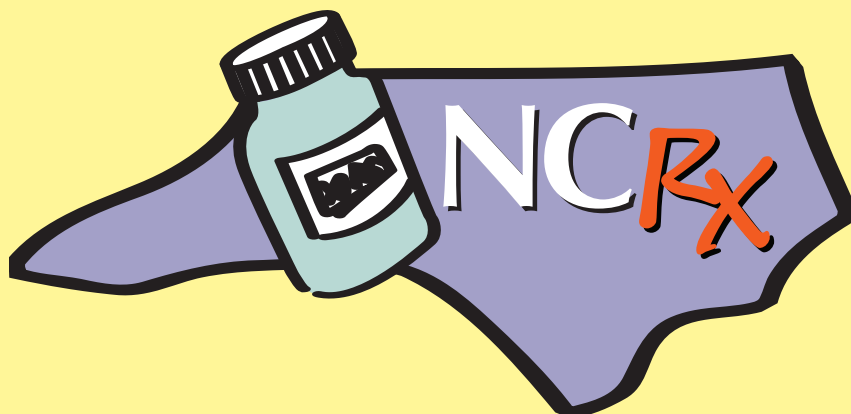


# Welcome to North Carolina Rx

To help low income seniors cope with the costs of Medicare prescription drug premiums, North Carolina has introduced the NCRx prescription drug program. Please go through the enclosed checklist to see if you may be eligible. To apply, complete the attached application and return it in the envelope provided.



*Mike Easley*  
Mike Easley  
Governor



# Frequently Asked Questions

## What is NCRx?

If you qualify, NCRx will pay up to \$18 per month toward the monthly premium of participating Medicare Prescription Drug Plans. You are responsible for any remaining premium. Any plan that agrees to accept payment from NCRx may participate. A list of participating plans will be available at [www.ncrx.gov](http://www.ncrx.gov) or by calling 1-888-488-NCRX (6279).



## Do I have to be enrolled in an NCRx participating Medicare Prescription Drug Plan to qualify?

Yes. NCRx helps pay premiums for participating Medicare Prescription Drug Plans. However, you may apply to NCRx even if you haven't chosen a plan yet. If you qualify, and are accepted into NCRx, you may choose your plan at that time.

## What are the benefits of the Medicare Prescription Drug Plans?

Plans vary in the amount of out-of-pocket costs that you incur. Plans have different deductibles and co-pays. They also differ in the drugs they cover and the pharmacies that participate. If you need help in choosing a drug plan, call 1-888-488-NCRX (6279).

## How do I apply for NCRx premium assistance?

Fill out the attached application and mail it in the enclosed postage-paid envelope, or print an application from the program website at [www.ncrx.gov](http://www.ncrx.gov) and mail the application to: NCRx, P.O. 10068, Raleigh, NC 27690-2724.

## How can I receive assistance with my application?

Contact the NCRx call center at 1-888-488-NCRX (6279).

## You may qualify for NCRx if you are:

A Medicare beneficiary

**AND**

65 years of age or older

**AND**

A resident of North Carolina

**AND**

Your annual household income is

—below **\$17,150** if you are single, divorced, or widowed or

—below **\$23,100** for married couples

**AND**

Your combined savings, investments and real estate (**other than your home, car, and a \$1,500 per person allowance for burial expenses**) are

—less than \$20,000 if you are single, divorced or widowed, or

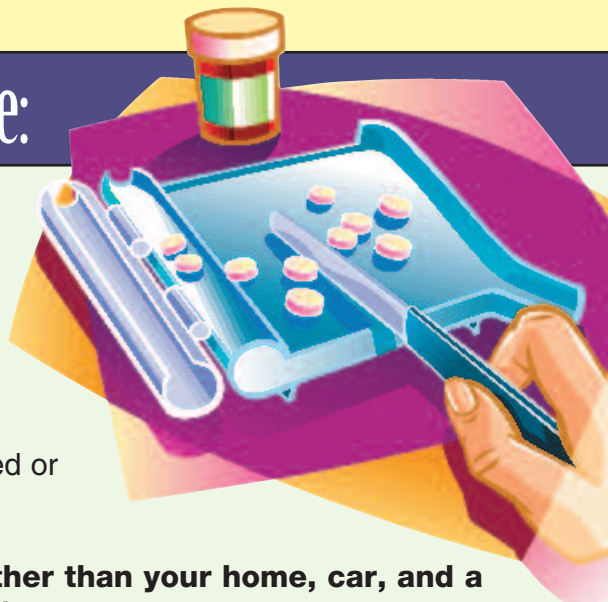
—less than \$30,000 for married couples.

**AND**

You have no other prescription drug coverage that is as good or better than Medicare Part D (for example, FEHBP, State Employee's Health Plan, VA, TRICARE, or other employer retiree coverage).

**AND**

You are not eligible for the full federal "Extra Help" subsidy for Medicare Part D.



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[illegible]☐ Male

☐ Female

☐ Single, Widowed, or Divorced

☐ Married

If married, please include

## your spouse's Social Security

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Are you a resident of North Carolina?

☐ Yes☐ No

Do you have Medicare Part A or Medicare Part B?

☐ Yes

☐ No

Does the state help you pay your Medicare part A or part B premiums?

☐ Yes

☐ No

Do you receive NC Medicaid benefits?

☐ Yes☐ No

Do you have prescription drug coverage through TRICARE (military retiree coverage), the FEHBP, State Employees' Health Plan or the VA?

☐ Yes

☐ No

If you have prescription drug coverage through a private employer retirement plan, has your former employer notified you that your coverage is as good or better than Medicare Part D?

☐ Yes☐ No

Do you have a Medicare Advantage Plan?

☐ Yes☐ No

Have you or your spouse applied for Medicare Extra Help?

☐ Yes

☐ No

If yes, were you or your spouse approved?

☐ Yes☐ No

**PLEASE NOTE:** If your annual income is less than \$14,700 for an individual or \$19,800 for a married couple, you may be eligible for Medicare Extra Help. Extra Help offers higher benefits than NCRx. Applications and assistance are available from Social Security at 1-800-772-1213 or from NCRx at 1-888-488-NCRX (6279).

## INCOME

Enter the amount you receive each year:

1. Social Security or Railroad Retirement Income.....\$ \_\_\_\_\_  
2. Pensions, alimony, annuities, veterans benefits.....\$ \_\_\_\_\_  
3. Wages, rental income, interest and dividends.....\$ \_\_\_\_\_  
**TOTAL – ADD LINES 1 THROUGH 3** .....\$ \_\_\_\_\_

## RESOURCES

Enter the current value of your resources:

4. Bank accounts, savings accounts and certificates of deposit.....\$ \_\_\_\_\_  
5. Stocks, bonds, mutual funds, and IRAs .....\$ \_\_\_\_\_  
6. Cash.....\$ \_\_\_\_\_  
7. Real estate other than your home .....\$ \_\_\_\_\_  
8. Cash value of life insurance policy .....\$ \_\_\_\_\_  
**9. SUBTOTAL – ADD LINES 4 THROUGH 8** .....\$ \_\_\_\_\_  
10. SUBTRACT \$1,500 for individual or \$3,000 for married couples.  
(This is the federal allowance for burial expenses).....– \$ \_\_\_\_\_  
**TOTAL – SUBTRACT LINE 10 FROM LINE 9** .....\$ \_\_\_\_\_

Race (optional – please select one) ☐ African-American ☐ Asian ☐ Hispanic  
☐ Native American ☐ White ☐ Other

To receive NCRx premium assistance, you must be enrolled or become enrolled in a Medicare Prescription Plan that works with NCRx.

Are you currently enrolled in a Medicare Prescription Plan? ☐ Yes ☐ No

If yes, please enter your Medicare Prescription Plan information from your Prescription Plan Drug Card below:

Plan Name \_\_\_\_\_

Plan ID Number \_\_\_\_\_

If you are not currently enrolled in a NCRx participating plan, NCRx will send you a list of plans eligible for NCRx along with your approval letter.

- I certify that the information contained in this application is true and correct.
- I authorize the NC Department of Revenue, the NC Employment Security Commission, the Internal Revenue Service, the Social Security Administration and the Centers for Medicare & Medicaid Services or any income provider to verify for the NC Department of Health and Human Services and the program administrators that the income and resources I have reported on this application are true and correct.
- I understand that NCRx is not an entitlement and can be discontinued at any time.
- I authorize NCRx to communicate the information on this application to my Medicare Prescription Plan in order to confirm my enrollment and to pay a monthly subsidy to my Medicare Prescription Plan.

Your enrollment application is not complete unless all fields are completed and it is signed.

PLEASE SIGN

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Applicant's Signature or  
Authorized Representative

Date of Application (MM/DD/YYYY)

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